

LYME DISEASE FOUNDATION HB 6200

P.O. Box 332, 384-z Merrow Road, Tolland, CT 06084
860-870-0070 Fax: 860-870-0080 www.Lyme.org 501(c)(3) Est. 1988

Mission:

To protect people and pets from illness caused by Lyme disease and other vector-borne disorders.

Feb. 5, 2009

Dear Public Health Committee :

I commend you on the introduction of H.B. 6200.

Janis Boasso, MS
Educator

Dr. Karen Vanderhoof-Forschner,
LLM, BS, MBA, CPCU, CLU

President & Founder
JD - General & Health Law
LLM - Insurance Law
Doctor of Humane Letters
Author

BOARD OF DIRECTORS

John F. Anderson, PhD
Distinguished Agricultural Scientist
CT Agricultural Exp. Sta.
Discoverer of bacterium
Borrelia andersoni

Berkley W. Bedell
Honorary member
U.S. Congressman, retired
Founder, Berkley Industries

Willy Burgdorfer, PhD, MD (hon)
Discoverer of the Lyme bacterium
Borrelia burgdorferi
Scientist Emeritus
National Institutes of Health

Thomas Forscher, MBA, CPA
C.F.O., The Connection
LDF Treasurer, Co-Founder

James N. Miller, PhD
Professor Emeritus, *on Recall*
UCLA School of Medicine

Julie A. Rawlings, MPH
LDF Secretary
Epidemiologist
Texas Department of Health, Retired

Leonard Schuchman, DO
Family Medicine
Webmaster

Karen Vanderhoof-Forschner
Author, Founder

The Lyme Disease Foundation, which represents 100,000 families and businesses, is strongly in favor of this legislation. I am enclosing suggested changes that will help strengthen and clarify the bill.

As you know, there is a great need for this legislation because of the fatal flaws in the state of the art in Lyme disease testing. The largest Lyme clinical trials ever conducted, managed by academics using the highest scientific technology in the world, proved that *at best* only 64% of *proven* Lyme infected patients tested positive for their Lyme infection. That means that 36% of clearly Lyme-infected patients continued to have a negative blood test ("seronegative") throughout the life of their disease, despite infection. While the pharmaceutical's Medical Director freely disclosed this finding in an accredited scientific conference, the study's investigators have consistently failed to include this data in subsequent diagnosis and treatment guidelines. (see Illinois Dept. of Health Satellite Medical Conference, 1998. <http://www.lyme.org/movies/seroneg.mov>). The group of seronegative patients will continue to be ravaged by their bacterial infection unless they receive curative antimicrobial treatment. The only way to measure success, is to for the practitioner to evaluate the patient's response to therapy – which makes diagnosing and treating Lyme disease a clinical judgment.

The flaws in testing have resulted in polarized medical views with some practitioners being obsessed with ending the debate by eliminating those with opposing viewpoints. These attacks have appeared in medical publications, crept into insurance health guidelines, turned up in grant reviews, and have even involved accusations made to medical licensing boards in order to launch license reviews of their fellow competitors. As astonishing as it may seem, I was contacted by a doctor seeking a lawyer to sue a fellow doctor for the sin of simply treating patients with antibiotics for longer than 30 days.

Until there is a perfected direct detection test, patients need to be able to get treatment from their *family* doctor who is free to diagnose and treat the patient, without fear of being hauled before a medical review board. This bill is not about one specific doctor, it is about creating a climate in Connecticut so that *all* of our practitioners can treat their own patients. Indeed, maybe the prime result of this bill is that there will no longer be a need for "Lyme Literate" specialists, because *all* of our doctors will hereafter be free to become *Lyme aware*, without fear of reprisal.

Please vote yes for this bill!

Sincerely,


Karen Vanderhoof-Forschner

The Lyme Disease Foundation is strongly in favor of this bill and asks that the following wording changes to HB 6200 be made for clarification purposes.

A. HB 6200 WITH PROPOSED CHANGES

• AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS FOR THE TREATMENT OF LYME DISEASE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

That the general statutes be amended to provide that:

- (1) [**Proposed**] A **Practitioner** may prescribe, administer, or dispense antibiotics that the **practitioner determines** is in the best interest of the patient when the **practitioner** makes a **clinically-based** or **laboratory-based diagnosis** that the patient has a **tick-borne** disorder, documents that diagnosis and the treatment plan in the patient's medical record, and obtains **informed consent** (agreement) from the patient or the patient's legal representative for the documented diagnostic and treatment plans.
- (2) [**Proposed 2**] no **practitioner** may be subjected to disciplinary action from any source when adhering to Section 1 of this bill.

B. CURRENT BILL & EXPLANATION OF THE PROPOSED CHANGES

(1) [**Current**] ~~A physician may prescribe, administer or dispense antibiotic therapy for therapeutic purpose to a person diagnosed with and having symptoms of Lyme disease if a diagnosis and treatment plan has been documented in the physician's medical record for that patient;~~

(1) [**Proposed**] A **Practitioner** may prescribe, administer, or dispense antibiotics that the **practitioner determines** is in the best interest of the patient when the **practitioner** makes a **clinically-based** or **laboratory-based diagnosis** that the patient has a **tick-borne** disorder, documents that diagnosis and the treatment plan in the patient's medical record, and obtains **informed consent** (agreement) from the patient or the patient's legal representative for the documented diagnostic and treatment plans.

• Explanation of Changes:

- a. **Practitioner** – This clarifies that the protection extends to the full range of medical professionals, including Nurse Practitioners and Physician's Assistants, who treat patients with Lyme and other tick-borne disorders.
- b. **Tick-borne Disorder** – Because Connecticut ticks carrying Lyme disease also other pathogens, there is always the difficulty of selecting an antibiotic to treat more than one disease in the patient. Since the patient's practitioner is treating all of these disorders, it is logical this bill's protection should apply to all of those illnesses.
- c. **Choice of Antimicrobial** – The patient's healthcare provider is vested with the authority to determine which drug and method of administration to use because that practitioner is in the best position to make those choices.
The term "antimicrobial" is broader than the term "antibiotic" and gives the practitioner more "tools" in the infection control "tool-box" to help the patient.
According to the CDC:
 - **Antimicrobial agents** - A general term for the drugs, chemicals, or other substances that either kill or slow the growth of microbes. Among the antimicrobial agents in use today are antibacterial drugs (which kill bacteria), antiviral agents (which kill viruses), antifungal agents (which kill fungi), and antiparasitic drugs (which kill parasites).
 - **Antibiotic** - *Type* of antimicrobial agent made from a mold or a bacterium that kills, or slows the growth of other microbes, specifically bacteria. Examples include penicillin and streptomycin. (Source – CDC)
- d. **Diagnosis** – This clarifies that the patient's practitioner is vested with the authority to make the diagnosis of a tick-borne disorder – whether laboratory or clinically based.
- e. **Patient Informed Consent** – This bill provides extraordinary equal protection for *all* practitioner's ability to avoid liability for decisions made in the diagnosis and treatment arena for tick-borne disorders, including those that treat by short, medium, or long term methods. Therefore, the patient needs to receive informed consent about how the diagnosis was reached and what treatment plan is. This way the patient knows the options and can make the choice to stay with the practitioner or seek treatment elsewhere.

(2) [~~Current~~] no physician may be subject to disciplinary action solely for prescribing, administering or dispensing long-term antibiotic therapy for a therapeutic purpose for a patient clinically diagnosed with Lyme disease, if a diagnosis and treatment plan has been documented in the physician's medical record for that patient.

(2) [Proposal 1] no **practitioner** may be subjected to disciplinary action [] for prescribing, administering, or dispensing **antimicrobial** therapy for a patient diagnosed with a **tick-borne** illness, if the **practitioner** makes a **clinically-based** or **laboratory-based diagnosis** that the patient has a **tick-borne** disorder, documents that diagnosis and the treatment plan in the patient's medical record, and obtains **informed consent** (agreement) from the patient or the patient's legal representative for the documented diagnostic and treatment plans.

• **Explanation of Changes:**

The wording mirrors the changes listed in Section 1.

(2) [Proposal 2] no **practitioner** may be subjected to disciplinary action from any source when adhering to Section 1 of this bill.

